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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/816,334			ing Date 31/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	FOR		IUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	•	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.18(a), (b),	or (c))	N/A		N/A			N/A		•	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =	/	OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and of sheets of paper, the applies \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			oplication size fee due I entity) for each r fraction thereof. See							
	MULTIPLE DEPEN	7 CFR 1.16(j											
* If the difference in column 1 is less than zero, enter *0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									L ENTITY	OR	•	ER THAN ALL ENTITY	
AMENDMENT	03/08/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(i))	* 7	Minus	" 20		= 0		X \$25 =	0	OR	x \$ =		
	Independent (37 CFR 1.16(h))	* 1	Minus	***3		= 0		X \$100 =	0	OR	x \$ =		
AM	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(J))							11 - 1 - 2		OR			
	8/31/07							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
-	8/21/10/	(Column 1) CLAIMS	1	(Columi		(Column 3)					_		
AMENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	. 10	Minus		0	= /		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.18(h))	. ,	Minus		3	= /		x \$ =		OR	x \$ =		
		ze Fee (37 CFR	1.16(s))	-		/							
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
• 15	A If the entry in column 4 is less than the entry in column 2 well a less than 2									OR	TOTAL ADD'L FEE		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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